

a scale of 0 to 100. Significant difference was observed between M and W for the global handicap score 20.73 vs 16.95 $p < 0.002$. Two groups were identified: flare-up of psoriasis (84%), psoriasis not in flare-up (12%)—no answers (4%)—Psoriasis had a greater affect on patients with episode: PDI score = 20.24 (sd 17.52) than the patient without episode PDI score = 8.98 (sd 11.34). This difference was significant $p < 0.00001$. **CONCLUSION:** These results highlight the value of appropriate and relevant psychological and medical environment for patient suffering from psoriasis.

PES24**PSORIASIS, QUALITY OF LIFE AND DEPRESSIVE SYMPTOMATOLOGY: FRENCH RESULTS**

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OBJECTIVE: To evaluate the effect of psoriasis on quality of life of patients and DS in France. To highlight a relation between DS and quality of life for patients suffering from psoriasis. **METHOD:** Seven hundred fifty anonymous questionnaires (comprised two scales: the Psoriasis Disability Index [PDI] and the Center for Epidemiologic Studies—Depression scale [CES-D] were sent, via a Psoriasis Patient Support Group (APLCP). The CES-D, a short self-report scale composed of 20 items is a questionnaire designed to measure DS in the general population. The CES-D is widely used in epidemiological surveys on large populations. The PDI is a questionnaire specific for psoriasis patients. **RESULTS:** 297 questionnaires were returned (June 2002): response rate 39.6%. The sex ratio Men (M)/Women (W) was 47/53. Mean age: 48.8 years. Mean age of diagnosis: 26.3 years. The average to the total PDI score was 10.3 (s.d: 7.7 rank 0 to 39) i.e 22.8 (sd: 17.10) when reported to a scale of 0 to 100. Significant difference was observed between W and M for the global handicap score 24.53 vs 19.87 $p < 0.02$. Two groups were identified: flare-up of psoriasis (49.5%), psoriasis not in flare-up (48%)—no answers (2.5%)—Psoriasis had a greater affect on patients with episode: PDI score = 24.9 (s.d: 17.02) than patient without episode: PDI score = 20.27 (s.d: 16.91). This difference was significant ($p < 0.05$). In the studied population, 44.6% of the patients reported DS (CES-D+) whereas 55.4% did not (CES-D−). In CES-D+ patients the PDI score = 30.98 (sd: 18.28) was higher than the score in CES-D−patients: PDI score = 16.43 (sd: 13.97). This difference was significant ($p < 2.10^{-11}$). **CONCLUSION:** Patients in a current flare-up of psoriasis are more affected and feel more disabled in their daily life (higher disability score and higher frequency of DS) compared to patients without episode. Patients with DS (CES-D+), reported a higher impact of their psoriasis on their quality of life (PDI score 30.98 versus 16.43).

PES25**ASSESSMENT OF THE DERMATOLOGIC LIFE QUALITY INDEX (DLQI) IN CHRONIC IDIOPATHIC URTICARIA**

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The Dermatology Life Quality Index (DLQI) was designed to be used with different types of dermatologic pathologies instead of being directed at a single condition such as psoriasis or acne. Although a reasonable approach, this broader measurement model may not be appropriate for conditions such as chronic idiopathic urticaria (CIU) that, unlike some other chronic skin conditions, are subject to daily or weekly fluctuations. **OBJECTIVES:** This validation study tested the reliability, structural validity, and construct validity of the DLQI in two samples of CIU patients obtained from two large identical multicenter, double-blind, randomized, placebo-controlled, parallel studies. **METHODS:** Patients recorded daily signs and symptoms (# of wheals and pruritus severity) on a daily basis, and completed the DLQI during three clinic visits (approximately 2 weeks apart); investigators also assessed CIU severity. **RESULTS:** The DLQI means and standard deviations indicated relatively symmetrical distributions free from serious ceiling or floor effects, and alpha coefficients indicated an acceptable level of reliability in the two samples. The exploratory factor analysis suggested that the six categories of items did not define different factors and supported the unidimensionality of the scale. In a formal test of the structural validity for a single-factor model, confirmatory factor analysis supported either a one or two-factor model, with the correlations from the two-factor model indicating that the total score of all items is interpretable as a global score. Item response analyses showed that most items were able to distinguish people with low versus high impairment at the appropriate ends of the continuum demonstrating content validity. Finally, changes in DLQI scores were related to changes in investigator and patient-assessed symptoms of urticaria, providing evidence of construct validity. **CONCLUSION:** These results support the DLQI as a valid instrument for the measurement of CIU related quality of life.

PES26**HEALTH STATE UTILITIES IN PATIENTS WITH DERMATOLOGICAL PROBLEMS—A POPULATION STUDY**

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OBJECTIVES: In spite of the common occurrence of dermatological problems there are virtually no population-based studies on the impact of skin diseases in the